	t A	Public Documen	it	GIFT TO AGENCY REP
Agency Name			Date Stamp	California 80
Managed Risk Medical Insurance Board Division, Department, or Region (if applicable)			FARA FUELTICAL ACTICES CONSISSIO	Form 80
			ACTICES COMMISSIO	SIOM For Official Use Only
Eligibility, Enrollment & Marketing Division			OMAY 3 ANTH:35	
Street Address				
1000 G Street, Suite #450	, Sacramento, CA 9581	4		
Area Code/Phone Number	E-mail		П А	
916-324-4695	drush fon@MR	MIR. CA. Carl	Amendment (explain in	comment section)
Agency Contact (name and title	θ)	7.1.0.017.70.	Date of Original Filing: _	(month day year)
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	J.,	,	State	Zip Code
f "Other" is marked, describe the entity	's business activity (if business) or	r its nature and interests.		
f applicable, identify the name			and by the denor for this cit	
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